STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	**07/13/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS FOREVER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7201 SW 142 AVENUE** **MIAMI, FL 33183**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on July 13, 2017. Angels Forever, Inc. (license #10378) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified under the monitored component at the time of the survey.